

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048170

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11-10 DEC 27 1963 Primary Registration District No. 1002 Registrar's No. 6805

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 <u>3348</u>			
3			
4 <u>0</u>			
5 <u>1</u>			
6			
7 <u>1</u>			
8 <u>0</u>			
9 <u>502.0</u>			
10			
11			
12 <u>90-0</u>			
13			
BY AFFIDAVIT OF	SHOULD READ	ITEM NO.	

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>50 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2309 LISTER</u>		d. STREET ADDRESS (If outside, give location) <u>2309 LISTER</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>WILLIAM</u> Last <u>MILLS</u>		4. DATE OF DEATH Month <u>12</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/8/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	9. AGE (last birthday) <u>67</u>
11. BIRTHPLACE (City and state or country) <u>Greeley, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John L. Mills</u>		13b. MOTHER'S MAIDEN NAME <u>Naomi McCumber</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna A. Mills</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Edna A. Mills 2309 Lister Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure + Pneumonia</u> DUE TO (b) <u>Emphysema, Asthma, Bronchitis</u> DUE TO (c) <u>+ Coronary Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>DAYS</u> <u>YEARS</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>11</u> a.m. <u>3</u> p.m. Month, Day, Year <u>12-13-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Kansas City, Missouri</u>		20g. COUNTY <u>JACKSON</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from Death occurred at <u>11:30 AM 12-13-63</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. I attended the deceased from Death occurred at <u>11:30 AM 12-13-63</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>6400 Prospect</u>	
22c. DATE SIGNED <u>12-15-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12/16/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>C.H. Blackman & Son Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-16-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>		27. DATE SIGNED <u>12-15-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

From 1-4 4:30

25.60 NC
600 Prospect
6M-302822-10

0-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.